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ABSTRACT

This paper describes efforts to address the shortage of special educators in rural Georgia by supplying regular education teachers with information and resources to teach disabled students. Since 1969, the Georgia Center for Students with Disabilities (GCSD) has provided yearly comprehensive medical and psychoeducational evaluations to approximately 100 children from birth to 21 years of age who have low-incidence or multiple disabilities. In order to assure equal access to GCSD diagnostic services, all referrals are processed through 17 regional sites of the Georgia Learning Resources System (GLRS), a support system for special education. At the conclusion of a 4-day evaluation conducted by professionals in various disciplines, an exit conference is held at GCSD with the child's family and school representative. In addition, a written report is compiled and sent to the family, the local school system, and the local GLRS. This report includes findings and recommendations in the areas of behavior, vision, auditory reception, speech and language, motor, activities of daily living, cognition, and academics. Each GLRS regional office has materials available for loan to teachers, including a collection of films, records, books, videos, kits, and equipment. GCSD and GLRS collaborate in connecting teachers to the materials and resources that they need to teach children with low-incidence or multiple disabilities and to implement recommendations in the written diagnostic report. GCSD writes a request that GLRS provide a list of materials and local resources specific to the recommendations of the GCSD diagnostic report to the teacher of the evaluated student. In addition, during the student's 4-day evaluation period, the local teacher is contacted by GCSD staff to collect more data and to further discuss the needs of the student. Both classroom teachers and GLRS staff have reacted positively concerning the collaboration between GCSD and GLRS in meeting the needs of disabled students. (LP)

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Getting Disability-Specific Resources To Teachers In Rural Georgia

This session describes the design and implementation of a follow-up component to the services offered by the Georgia Center for Students With Disabilities (GCSD), a statewide diagnostic center. A previous pilot study by the author revealed that parents and administrators whose students had received comprehensive medical and psychoeducational evaluations at GCSD recognized the statewide shortage of specialized personnel for students with these disabilities as well as the need for materials and resources for the classroom teachers who are responsible for teaching these students. The shortage of specialized personnel is not expected to change in the near future. Therefore, the need is to supply more information to the teachers who receive students with disabilities into their classrooms after GCSD evaluations because local school systems are unable to recruit the personnel needed to provide specialized services to these students. School systems may not have a wide range of disability-specific materials.

This follow-up component connects teachers to the materials and resources by providing the link between the Georgia Learning Resources System and the individual teacher through use of the student's written diagnostic report. This effort brings the resources of the community to the student. This connection of materials and resources to the teacher is accomplished by the collaborative efforts of the GCSD and the Georgia Learning Resources System (GLRS).

Introduction

Children with low-incidence and multiple disabling conditions frequently require comprehensive medical and psychoeducational assessments from a transdisciplinary team of specialists in order to clarify diagnoses, to determine current functioning levels, and to plan effective programs for their education. Such evaluations are costly and have long-term implications. It is beneficial for the child's parents and the child's school system to understand the implications of these evaluations and to understand how to implement the recommendations of comprehensive evaluations in order to develop an appropriate educational plan for the child. The term low incidence disability refers to conditions which occur in less than one percent of the school population. Multiple disabling conditions means that a student has more than one disability. Both categories require special planning in schools.

School systems have the expertise to evaluate and provide services for most students who require special education services. However, the difficulty of providing services for the most complicated students who have low-incidence and multiple disabilities remains. The materials, trained personnel, and resources necessary to implement recommendations of comprehensive evaluations for these students are specialized and not generally found in every school or school system. Meeting the need for such resources in rural school systems where the professional population, as

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well as the population of disabled, is smaller, and distances between resources is likely to be greater, is even more challenging. However, through networking and cooperation between agencies, resources can be provided to the persons who provide services to the students with low-incidence and multiple disabling conditions.

Table I delineates the nine areas of disability which have a low incidence occurrence. The disabilities are moderate intellectual disability, severe intellectual disability, profound intellectual disability, hearing impaired and deafness, visual impaired, orthopedic impaired, other health impaired, autism and traumatic brain injury. Those nine areas each only account for less than one percent of the total school population statewide. It is difficult for school systems to provide services to so few students in any category of disability.

Background

Since 1969, the Georgia Center for Students With Disabilities (GCSD), a special project of the Georgia Department of Education, Division for Exceptional Students, has annually provided approximately 100 comprehensive medical and psychoeducational evaluations statewide to children from birth through 21 years of age who have more than one severe disabling condition of any type. GCSD is a unique program which had its beginnings prior to the federal mandate, now known as the Individuals with Disabilities Education Act of 1990 (IDEA) and before the onset of numerous litigations in special education. Originated as a diagnostic site for children with deaf-blindness born during the nationwide rubella epidemic in the 1960's, GCSD continues to provide diagnostic services to students with the most severe low-incidence conditions and syndromes.

The GCSD comprehensive evaluations of the children with disabilities last four days and routinely include assessments from specialists in education, pediatrics, neuro-ophthalmology, audiology, psychology, speech-language pathology, neurology, psychiatry, and occupational and physical therapy. Other specialties such as endocrinology, medical genetics and otolaryngology are also provided when needed. Referrals can be initiated by school systems, parents, advocates, attorneys, physicians or others, but all referrals must be signed by the child's local school system superintendent to assure procedural safeguards regardless of the age of the child. Referrals can be originated at Individual Education Plan meetings, Student Support Team meetings, or parent conferences. Evaluations are provided at no cost to school systems or families.

In order to assure equal access to GCSD diagnostic services in a largely rural state, all referrals are processed through the 17 regional sites of the Georgia Learning Resources System (GLRS), a support system for special education in Georgia. GCSD is funded by a Title VI-B grant which is written annually by the Center Director.

A screening committee, comprised of the Center Director, a GLRS representative, and a representative of the Georgia Department of Education, reviews each referral submitted for diagnostic services. Referral applications include all past medical and psychoeducational data that can be obtained. In addition to determining the basic eligibility criteria of residence, age, and multiple disability, the committee attempts to determine if the local school system has exhausted all local resources regarding evaluating the student. School systems refer children whose parents

have requested an objective evaluation under IDEA and children whose parents have contacted an advocacy organization or an attorney in cases of unresolved placement issues and program conflicts with the school system. Evaluations are reserved for children with the most severe levels of and combinations of intellectual disability, psychosis, or learning disability. Determinations of the severity of the student's condition and of the student's acceptance to the evaluation program are based on the evidence provided in the data accompanying the referral.

At the conclusion of the four-day evaluation, an exit conference is held at GCSD with the child's family and school system representative during which the findings and recommendations are presented. A written report, complete with findings and recommendations in the areas of behavior, vision, auditory reception, speech/language, motor, activities of daily living, cognition and academics, is compiled and sent to the family, the local school system, and the local GLRS.

GCSD also has an established relationship with the 17 regional resource centers of the Georgia Learning Resources System (GLRS). The two programs interact and collaborate regularly through the referral process for diagnostic services. The GLRS, also a special project of the Georgia Department of Education, covers all geographic areas of the state. Some, but not all, GLRS centers are located in Regional Educational Service Agencies (RESA). A cataloged materials center containing a collection which includes films, records, books, videos, kits and equipment is located at each GLRS. The catalog is available in the office of the special education directors in the region. Materials can be purchased by GLRS upon teacher request. Materials are available to be loaned to teachers within the GLRS district. In some cases, materials and equipment can be on extended or even permanent loan to teachers. Teachers can visit the center or phone requests to the center. Because of the size of GLRS regions, most centers have 800 numbers. In some cases, materials can be sent through intraschool mail. Some rural GLRS centers provide pick-up and delivery service to teachers in school systems which, because of distance and time, would be otherwise unable to use the materials center.

Follow Up Component

The follow up component utilizes the existing resources of the GLRS network to connect rural teachers to the materials and resources needed by them to be able to teach children with low-incidence multiple disabilities and to be able to implement recommendations in the written diagnostic report from GCSD. The local site of the GLRS is geographically closer to the teacher and has a materials center containing the resources. Although the GLRS has been a resource for teachers for many years, the specific link between the teacher and the GLRS after a student has been evaluated by GLRS has not been clearly delineated and utilized. The GLRS is asked to provide a list of materials and local resources, specific to the recommendations of the GCSD diagnostic report to the teacher of the evaluated student. GCSD sends a letter to the local GLRS requesting the GLRS to offer the teacher a list of resources and materials available in the GLRS Center which were specific to the recommendations in the report. Frequently many materials are named in the diagnostic report. The letter asks the GLRS to list additional materials which may be helpful in the student's educational plan. The teacher is then asked if the materials from GLRS were helpful and usable with the student with disabilities. The local GLRS is provided feedback regarding the usefulness of the specific materials.

While there is major emphasis on the utilization of the materials of the GLRS, other resources within Georgia are also utilized. Other resource lists such as home health care agencies, disability specific support groups, and respite services are constantly being updated. During the student's four-day evaluation period, the local teacher is contacted by telephone by GCSD staff to collect more data and to further discuss the needs of the student. More information is learned during the phone call regarding what is needed to enhance the teacher's ability to implement the recommendations of the report.

Response

Although the follow up component is newly implemented, the results have been positive to date. The structure needed to get materials to teachers was in place but wasn't being utilized. Both the classroom teachers and the GLRS personnel have reacted favorably to the extra attention paid to them by GCSD.

A typical response from a classroom teacher: "Thank you for the comprehensive evaluation that you and your staff did on . . . We particularly liked the way you worked in conjunction with GLRS to enable us to sample so many of the materials recommended."

A typical comment from a GLRS Center, "The service which you provide not only gives parents and school systems a comprehensive evaluation on a student and a very detailed report on these findings, but also provides our GLRS Center with the opportunity to directly serve the teacher who will be providing instructional services to the student. In addition, we are able to use the recommendations of the report generated by GCSD as a guide for ordering materials for the Center."

Table 1

Percent of School Population in Georgia By Disability in December 1, 1994

Area of Disability	Ages 5-21	% of total school population*
Mild Intellectual Disability	20,164	1.60%
Moderate Intellectual Disability	4,322	.34%
Severe Intellectual Disability	1,247	.10%
Profound Intellectual Disability	1,078	.09%
Emotional & Behavioral Disorders	22,113	1.76 %
Hearing Impairment and Deafness	1,095	.09%
Speech Impairment	29,269	2.33%
Visual Impairment	434	.03%
Orthopedic Impairment	916	.07%
Other Health Impairment	2,643	.21%
Specific Learning Disabilities	37,880	3.01%
Autism	499	.04%
Traumatic Brain Injury	136	.01%
All Areas of Disability	121,796	9.68%

*Based on School Population of 1,229,770 in Grades K-12 and the December 1, 1994 Child Count under IDEA
Source: Special Education Data Booklet